

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10606211 06-26-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/		/		/		51								
2	/		/		/		52								
3	/		/		/		53								
4	/		/		/		54								
5	/		/		/		55								
6	/		/		/		56								
7	/		/		/		57								
8	/		/		/		58								
9	/		/		/		59								
10	/		/		/		60								
11	/		/		/		61								
12	/		/		/		62								
13	/		/		/		63								
14	/		/		/		64								
15	/		/		/		65								
16	/		/		/		66								
17	/		/		/		67								
18	/		/		/		68								
19	/		/		/		69								
20	/		/		/		70								
21	/		/		/		71								
22							72								
23							73								
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25							75								
26							76								
27							77								
28							78								
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36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		2				TOTAL IND.								
TOTAL DEP.	19		5				TOTAL DEP.								
TOTAL CLAIMS	20		7				TOTAL CLAIMS								